August 1991 (BP	D)	SUPPLEMENT 2 TO Page 1 OMB No.: 0938-	ATTACHMENT 2.6
STATE PLAN UNDER TI	TLE XIX OF THE	SOCIAL SECURITY	ACT
State: Kentucky			
	RESOURCE LEVEL	S	
A. CATEGORICALLY NEEDY GROUPS	WITH INCOMES R	ELATED TO FEDERA	L POVERTY LEVE
1. <u>Pregnant Women</u>			
a. Mandatory Groups			
∠ Same as SSI reso	urces levels.		
$\angle \overline{X}$ Less restrictive	than SSI reso	urce levels and	is as follows:
Family Size	Resource Lev		
1	N/A*		
2_	N/A*		
b. Optional Groups			
Same as SSI resou	rces levels.		
\sqrt{X} Less restrictive	than SSI resou	arce levels and i	is as follows:
Family Size	Resource Leve	<u> </u>	
1	N/A*		
	N/A*	-	
*All resources are disregard	ed.		
TN No. 92-1	VOV 4 4 45 5		
Supersedes Approval Date TN No. 89-23	VUV 14 1994	Effective Date	1-1-92

HCFA ID: 7985E

Remision:	HCFA-PM-91-4 (BF August 1991	(סי	SUPPLEMENT 2 TO ATTACHMENT 2.6-Page 2 OMB No.: 0938-
	STATE PLAN UNDER TI	TLE XIX OF THE	SOCIAL SECURITY ACT
	State: Kentucky		
2. Infa	ants		
a. <u>1</u>	Mandatory Group of Inf	<u>ants</u>	
		•	State's approved AFDC plan.
4			levels and are as follows:
	Family Size	Resource Lev	
	1	NA*	
	2	NA*	
	3	NA*	
	4	NA*	·
	5	NA*	
	6	NA*	
		NA*	
	8	NA*	
	9	NA*	
	10	NA*	 -
*All re:	sources are disregarded		

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IN NO	1			HCEN TO	70055	

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STATE PLAN UNDER TIT	TLE XIX OF THE SOCIAL SECURITY ACT
State: <u>Kentucky</u>	
b. Optional Group of Infar	<u>its</u>
Same as resource	levels in the State's approved AFDC plan.
	than the AFDC levels and are as follows:
Family Size	Resource Level
1	NA*
2	NA*
3	NA*
4	NA*
5	NA*
6	NA*
7	NA*
8	NA*
9	NA*
10	NA*

6-A

TN No 1 97-1						·
IN NO	- _		NOV 14 1994			
Supersedes	Approval	Date	1101 14 1004	Effective	Date	1-1-92
TN No. 89-18	•					
				HCEN TO.	70055	

^{*}All resources are disregarded.

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

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Page 4

	STATE	PLAN UNDER	TITLE XIX	OF THE SOCIAL SEC	URITY ACT
	State:		Kentucky	• 1	
з.	Children				/ 4\
	OI C	atory Group ne Act. (Ch ined age 6.	lidren who	n under Section 1 have attained age	(A) 902(a)(10)(i)(VI) 1 but have not
	**********	Same as	resource le	evels in the State	e's approved AFDC plan.
	<u> x</u>	Less re	strictive t	nan the AFDC leve	ls and are as follows:
	Fami!	ly Size		Resource Le	vel
	<u> </u>	1	•	NA*	THE COLUMN AND ADDRESS OF THE COLUMN AND ADD
	-	2		NA*	
		3		NA*	
		4		NA*	and distance
		5		NA*	and the same of th
		6		NA*	
		7		NA*	
		8		NA*	
	· —	9		NA*	- Control Calman
	_1	.0		NA*	

*All resources are disregarded.

TN No. 92-5
Supersedes Approval Date NOV 14 1994
TN No. 92-1

Effective Date 4-1-92

Perision:	HCFA-PN August	f-91-4 1991	(BPD)		SUPPLEMENT 2 TO ATTACHMENT 2.6-Page 5 OMB No.: 0938-
:	STATE State:	PLAN UNDE		X OF THE	SOCIAL SECURITY ACT
b. <u>c</u>	Optional	Group of	Children		
				s in the	State's approved AFDC plan.
4					levels and are as follows:
	<u>Family</u>	Size	Reso	urce Lev	<u>e1</u>
	1		******	NA*	Militaria.
	2	Williams.	·	NA*	· ·
	3			NA*	
	4	TVS determine	-	NA*	
	5	·········		NA*	·
	6			NA*	
	7		·	NA*	<u>_</u>
	8_		•	NA*	
	9	-, -		NA*	
	_10	-		NA*	<u>.</u>
*All re	esources a	re disregard	ied.		_

TN No. 92-1						
Supersedes	Approval	Date	NOV 14 1994	Effective	Date _	1-1-92
TN No. None	•			UCEN ID.	700EB	

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	STATE PLAN UNDE		E SOCIAL SECURITY ACT	r .
4. <u>Age</u>	d and Disabled Ind	ividuals		
	Same as SSI res	ource levels.		
			and are as follows:	
	Family Size	Resource Lev		
	1		wonders.	
			·	
	3			
	4			
	5		 	
	Same as medicall has a medically	y needy resource needy program)	levels (applicable o	only if State
TN No. Supersedes TN No. Nor	92-1 Approval Dat	NOV 14 1994	Effective Date	1-1-92

	wision:	HCFA-PM-91-4 (BPI August 1991	•	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 7 OMB No.: 0938-
		STATE PLAN UNDER TI	TLE XIX OF THE	SOCIAL SECURITY ACT
		State: Kentucky		
		RESOUR	E LEVELS (Cont	inued)
в.	MEDICA	LLY NEEDY		
	Applic	able to all groups -		
		Except those specified of the Act.	below under th	ne provisions of section 1902(f)
	•	Family Size	Resource Leve	<u>e1</u>
		_ 1	2,000	·
			4,000	
		3	4,050	
		4	4,100	
		5	4,150	_
		6	4,200	_
			4,250	
	•	8	4,300	· _
		9	4,350	 -

TN No02-1		· · · · · · · · · · · · · · · · · · ·	NOV 1 4 1004	·		
	Approval	Date	NOV 14 1994	Effective	Date	1-1-92
TN No. None						

4,400

\$50

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For each additional person

HCFA ID: 7985E